

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-525)						SERIAL NO. 10-049,247		FILE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.
1							51		
2							52		
3							53		
4							54		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEF.							TOTAL DEF.		
TOTAL CLAIMS							TOTAL CLAIMS		